

I. Introductory

1. The Sub-committee was established in November 1964 with the following terms of reference:

"to review the Appointed Factory Doctor Service and to make recommendations."

2. The Sub-committee met five times under the Chairmanship of Mr. N. Singleton. The members were Lord Collison, Mr. F. D. S. Hollings, Dr. G. A. Lawrenson, Mr. G. H. Lowthian, Mr. H. M. L. Morton, Dr. L. G. Norman, and Professor R. S. F. Schilling. In May 1965 Mr. P. H. Jones replaced Mr. Morton. The Secretary was Mr. D. J. Hodgkins. Officials from the British Medical Association and the Trades Union Congress attended as observers, as did Ministry of Labour representatives from Safety, Health and Welfare Department, the Factory Inspectorate, and the Central Youth Employment Executive. Other Government Departments, including the Health and Education Departments, also sent observers.

3. This report consists of the following sections:

- I. Introductory
- II. The Present A.F.D. Service
- III. Medical Examinations of Young Persons
- IV. Medical Examination of Adults
- V. Duties, Organisation and Powers of a Reformed Service
- VI. Extension of Proposed Arrangements to Premises other than those covered by the Factories Act
- VII. Summary of Recommendations

II. The Present A.F.D. Service

Its Origins and Shortcomings

4. Although Appointed Factory Doctors have been known as such only since 1948, they are direct successors of the Certifying Surgeons whose appointment was authorised by the Factories Act of 1844. Their duties have evolved gradually from very different beginnings and have varied from time to time. Initially they were only responsible for certifying that a child to be employed in a textile factory was of the ordinary strength and appearance of a child of nine years or over. By 1867 they were responsible for medically examining

young persons under 16 starting work in all factories for fitness to work. For half a century until 1916 they had to investigate all accidents which occupiers had to report to them. As Codes of Regulations for particular hazardous trades and processes were promulgated under which all workers engaged therein were required to undergo periodic medical examinations, so this duty was assigned to the certifying surgeons. In 1948 young persons up to the age of 18 were required to have medical examinations.

5. On becoming an A.F.D. a doctor undertakes to carry out a certain number of duties which are laid upon him by statute, viz.:

(a) the medical examination of all young persons under the age of 18, when they first take up employment in factories, when they change their employment and at annual intervals;

(b) the medical examination of all persons who are required by special Regulations to have periodic medical examinations;

(c) the investigation of and reporting on (i) cases of death or injury caused by exposure in a factory to fumes or other noxious substances, and (ii) cases of lead, phosphorus, or arsenical or mercurial poisoning, anthrax and other diseases prescribed by the Minister in Regulations.

6. An A.F.D. may also investigate any case of death or injury which the inspector for the district in pursuance of any general or special instructions of the Minister may refer to him and may, if so directed by the Minister, make such special enquiry and examination of employed persons as may be directed, but no use has been made of these powers, and there is no provision for him to be remunerated for such services. A.F.Ds. are paid fees by the employer for medical examinations, usually on a scale laid down by the Minister of Labour, and by the Ministry of Labour for investigations carried out into cases of gassing accident or prescribed diseases.

7. A.F.Ds. are normally general practitioners appointed to cover a geographical area. It has long been possible to appoint works medical officers to undertake periodic medical examinations under Codes of Regulations in the factory where they are employed. Since 1937 it has also been possible to appoint works medical officers to examine young people. There are over 1,500 district A.F.Ds., while some 300 works medical officers examine young persons and persons covered by Regulations in their factories. A further 400 examine young persons or persons under Regulations.

8. A.F.Ds. are thus responsible for a comparatively narrow, though important, range of statutory duties in the field of industrial health. In an industrial area these may take up a considerable proportion of an A.F.D's. time, but although certain A.F.Ds. have undoubtedly made more general contributions to the health of the workers in the factories in their area, this is very much a matter for the individual doctor depending on his interests and time. Their limited powers are in sharp contrast to the more general responsibility of the Factory Inspectorate, including the Medical Inspectorate, for enforcing the requirements relating to health, both general and particular, of the Factories Act, and for advising occupiers of factories on all manner of health problems. Occupiers may ask A.F.Ds. for advice on many kinds of occupational health problems. Some A.F.Ds. are both ready and equipped to give it, but others are not. It is

difficult to see how this could be otherwise under the present system despite efforts to appoint the applicant most expert in occupational health and to encourage attendance at relevant courses.

9. On the other hand the Appointed Factory Doctor Service absorbs a considerable amount of medical time. The number of doctors concerned is large although a high proportion of their time is spent on other duties. The A.F.D. Service is largely financed by employers, but it is required by law and constitutes the major statutory industrial medical service in the country today. It has not been the subject of a general review since the last significant changes were introduced in 1948. Meanwhile the National Health Service has been established and developed to provide personal medical care for all, including those employed in factories, through the hospital and general practitioner services. Other community health and welfare services have been developed and the health of children in particular has greatly improved. Factory conditions have improved enormously but many health hazards remain. Indeed new ones are seen, both with the introduction of new materials, and (in the case of materials long in use) with the introduction of more elaborate diagnostic techniques, new methods of control, and the discovery of previously unsuspected dangers.

10. The question therefore arises whether the present A.F.D. system is designed to meet the circumstances of the 1960s and 1970s. Several criticisms have been levelled at it. The A.F.D. Service relies almost exclusively on a system of routine medical examinations which are of themselves often of questionable value. This means that the Service lacks flexibility and cannot easily be adapted to deal with new problems. Because so many doctors are involved, a high proportion of whom spend little time on these tasks, there can be little uniformity in the way they carry out their duties and it would be difficult to give them more and varied duties. Although A.F.Ds. are encouraged to attend courses and some do, many have little or no training in occupational medicine. Criticism has been particularly directed at the present arrangements for the medical examinations of young people and these are considered in more detail in the next section of this report.

11. The Sub-committee agrees with many of these criticisms. It considers that it is no reflection on the way in which A.F.Ds. in general perform their duties to say that the present A.F.D. Service is not well suited to assist the Government to discharge its responsibilities for the health of workers. The Sub-committee therefore recommends a number of changes, which would require legislation. They can broadly be summarised as follows:

- (a) The elimination of unnecessary medical examinations, particularly of young people which at present take up a disproportionate amount of A.F.Ds' time.
- (b) The redeployment of medical resources to bring about a more compact, integrated, and expert medical service with wider duties over the whole field of occupational health.

12. These proposed changes, and the reasons for them, are described in more detail in the remainder of this report. In order to distinguish the present A.F.D. from his proposed successor, the latter is for convenience referred to as the "A" doctor.

III. Medical Examinations of Young Persons

Initial Examinations

13. The Factories Act 1961 provides that a young person shall not remain in any employment in a factory after the expiration of a period prescribed by the Minister unless he has been examined by the Appointed Factory Doctor and certified by him as fit for the employment. The prescribed period is fourteen days. Certificates are normally valid for twelve months and, except in certain limited circumstances, apply only to employment in the factory in question. The certificate may be for any type of work in the factory concerned or it may be conditional or provisional. A certificate may be issued subject to conditions as respects the nature of the work in which the young person may be employed or the period of validity of the certificate. A provisional certificate is only valid for 21 days, and gives the A.F.D. time to obtain further information about the young person before arriving at a decision. Boys employed at night are required to have medical examinations at more frequent intervals. An Inspector of Factories, who is of the opinion that the employment of a young person in a factory or in a particular process or kind of work is prejudicial to his health or that of other persons, may require the occupier to have him examined by the A.F.D.

14. At present A.F.Ds. carry out over half a million examinations of young persons a year. In 1964, 285,000 of them were first examinations after leaving school, and 229,000 were subsequent examinations. Less than a half of one per cent of young people examined are rejected, and the proportion of conditional and provisional certificates and rejections is about 5 per cent. Detailed figures are given in Appendix A.

15. In recent years there have been considerable criticisms of the system which may be summarised as follows. The system of medical examinations of young persons in factories was devised at a time when general social and economic conditions were vastly different from those prevailing today. The development of other health services in the community has meant that what at one stage might have been a young person's only opportunity for a medical examination can now be criticised on grounds of duplication. In particular the development of the School Health Service and the general practitioner service provided under the National Health Service calls for a reappraisal of the place of medical examinations by A.F.Ds. Further criticism has been directed at the conduct of these examinations. It is alleged they are often perfunctory and that because A.F.Ds. have to see all young persons employed in factories they give insufficient time to the few problem cases. At a time when there is a shortage of medical manpower it is particularly important to ensure that doctors undertaking statutory duties are making good use of their time which might be otherwise employed either in the industrial health field or in the National Health Service.

16. The attention of the Sub-committee has been particularly directed to the question of the present lack of liaison and possible duplication between the School Health Service and the A.F.D. Service. The Factories Act provides that every local education authority should arrange for the A.F.D. to be furnished, on application, with such particulars of the school medical record of a young person as he may require to assist him to carry out his duties

effectively. It is understood that comparatively little use has been made of this provision and in any case, even if it were more widely invoked, duplication of medical examinations would still remain.

17. The School Health Service at present medically examines children at intervals throughout their school career and a final examination normally takes place during their last year at school. Many of these children will take up employment in factories within a matter of weeks after leaving school and it seems to be unnecessary for them all to be medically re-examined by the Appointed Factory Doctor. The Sub-committee therefore recommends that arrangements be made, which would require legislation, for the evidence of the school medical examination to be accepted as certifying the child as fit for employment under the Factories Act unless the School Health Service finds that the child has some health defect which might render some jobs unsuitable for him on health grounds. Only in such circumstances would a young person need to be re-examined by the A.F.D. The School Health Service would need to incorporate this opinion in a document for the use of the "A" doctor, who, as necessary, would be able to obtain further information about the child's medical history from the school doctor before arriving at his own opinion in the light of his knowledge of the job concerned. It would be necessary to ensure that the doctors concerned are fully aware of the purpose of the arrangement and that any modifications necessary to make the scheme run smoothly are made to the School Health Service.

18. The Sub-committee, having agreed in principle that the School Health Service should be responsible in the first instance for the medical examination of young persons taking up employment in factories, gave considerable thought as to how this might be put into effect. The main problem was to devise means of conveying the views of the School Health Service to whoever was made responsible for ensuring that any necessary further medical examination was carried out. The Sub-committee considered various possible arrangements. For the reasons outlined in the following paragraphs the most effective practicable arrangement would be for the health certificate to be given to the child himself. On taking up employment, the child would show this to the employer, who would record the particulars in the factory register and who would be responsible for passing it on to the "A" doctor if a further medical examination was necessary. The School Medical Officer would pass one copy of the certificate to the Youth Employment Officer and a second copy to the child's general practitioner.

19. This arrangement has a number of advantages over other possible schemes which were considered. The Sub-committee took into account the possibility that as an employer would be aware of the fact that a young person applying for a job was not fully fit for all employment, the employer might reject the applicant because of health factors which were in fact irrelevant to the job in question.

20. It is certainly the case that any system of medical examinations of young persons about to enter employment may narrow the range of jobs open to a particular young person, but the purpose of such an examination must be to benefit the young person. Avenues should only be closed which are in any case unsuitable and therefore likely to have an adverse effect on the

health of the young person. If employers are to play their part in ensuring that young persons with handicaps, however slight, are placed in suitable jobs, they should in general terms be aware of the position from the start. To devise a system under which the contents of the health certificate were kept from the employer until after the young person had started work would nullify one of the main purposes of the scheme, that of ensuring that young persons do not take up work for which they are unsuited on health grounds. The risk of employers unreasonably discriminating against young persons with health handicaps arises where the young person does not obtain his job through the Youth Employment Service. The Sub-committee therefore considers that particular attention should be paid to encouraging young persons with health handicaps to use the Service. The number of young persons who will be referred to the "A" doctor will be limited to a small proportion, perhaps 5 per cent of the total, and it would be desirable and useful if the Youth Employment Officers could arrange to write personally to the children concerned in those cases where he is not expecting to interview them at school inviting them to attend the Youth Employment Office. There is already an arrangement whereby the Y.E.O. calls for written medical advice from the School Medical Officer in the case of a young person with a health handicap to help in placing him, and there are obvious advantages if the same document can be made to serve the needs of the Y.E.O. and the "A" doctor. In any case the Sub-committee considers that the Youth Employment Office should automatically be sent copies of all the health certificates issued by the School Health Service so that they can get in touch with those children who have to be referred to the "A" doctor and be in a position to give appropriate vocational guidance and to take placing action when consulted, and also to know for certain who is not in need of further medical supervision. A copy of the certificate should also be sent to the child's general practitioner. The health certificate issued to the young person should also indicate the facilities offered by the Youth Employment Service.

21. If measures on these lines were taken, then a very high proportion of the young persons regarded as being in need of medical supervision when they take up employment in factories should receive appropriate vocational guidance before they actively seek a job, although it would not be compulsory for them to consult the Y.E.O. An interview with the Y.E.O. is most useful before a young person is on the point of obtaining a job. Other suggested arrangements which the Sub-committee considered involved the young person calling at the Youth Employment Office to collect his health certificate. Apart from causing administrative complexity, this would mean that, although there was a greater certainty that the young person would visit the Y.E. Office, it was unlikely to be at a stage where the Y.E.O. could still influence the choice of job.

22. The scheme also has the advantage of administrative simplicity. The number of channels through which the certificate passes is reduced to a minimum. The responsibility for ensuring that the young person is, if necessary, referred to the "A" doctor would remain with the employer and the Factory Inspectorate would be able to check that this had been done if particulars of all health certificates were recorded, as at present, in the factory register.

23. The Sub-committee considers that in the past there has been too little

liaison between A.F.Ds. and Youth Employment Officers. This may have been to a large extent inevitable, given the way in which the A.F.D. Service has been organised, but the Sub-committee thinks that the procedure outlined above and the changes in the organisation of the A.F.D. Service which are recommended below should make it easier to ensure that the necessary co-operation takes place. Both Services are concerned with closely related aspects of the employment of young persons. The Y.E.O. should, when he is placing a young person, be able to turn to the "A" doctor if he requires medical advice other than that available in written form from the School Health Service. (This would not apply in the small number of cases where the person is disabled and is a candidate for registration under the Disabled Persons (Employment) Act. Procedures already exist for obtaining medical advice in such cases.) Similarly, when the "A" doctor considers that the young person should change his employment, he should advise the Y.E.O., as well as the employer, particularly where, as is often the case, there is a possibility of the same employer being able to offer a more suitable job.

24. The majority of the Sub-committee consider that the opinion of the School Health Service could best be conveyed to the "A" doctor in a certificate on the lines of that appended to this report. Considerable attention would have to be paid to the wording and appearance of this certificate before it could be introduced. The draft in Appendix B is put forward to illustrate the kind of document which the Sub-committee considers should be issued to all young persons after the final school leaving examination. It shows that unless there are contra-indications the young person does not need to be referred to the "A" doctor if he takes up employment in a factory. If the School Medical Officer had doubts about the young person's fitness for certain kinds of employment then he would indicate this, but the health certificate would be in non-medical terms. Employers would therefore be in a position to judge whether a particular job was suitable for a young person. Although one member considered that however such a certificate was drafted it would in some cases contain medical information in a lightly veiled form, which was undesirable, the Sub-committee felt that a certificate on these lines had considerable advantages over a simpler certificate which would merely say whether the young person had to be referred to the "A" doctor. The employer would be much less likely to discriminate unreasonably against those not fully fit and the risk of the young person being employed in unsuitable work between taking up employment and examination by the "A" doctor would be greatly reduced. The task of the "A" doctor would be facilitated to the extent that from his reading of the certificates and drawing on his knowledge of the firms concerned he could give priority to the cases where particular difficulty seemed likely to arise. This would be important in the busy period after the end of a school term. In addition the young person concerned and his parents would know exactly why he had to have this further examination and would be aware of the possible limitations on his choice of employment. In the extreme case, he might be saved from serious injury resulting from his employment in unsuitable work at the outset of his employment.

25. The School Health Service covers the vast majority of school children in the country, but does not cover most private schools. Children taking up employment who have been educated abroad miss this examination. Others

might lose the certificate which they would be given under the proposed arrangements. In all cases where no document is produced from the School Health Service the employer must refer the young person to the "A" doctor.

Subsequent Examinations

26. At present, all young persons employed in factories have to be medically examined if they take up employment with a different occupier, except in the few cases covered by the special rule relating to group employments. They also have to be re-examined at annual intervals. In addition, boys permitted to be employed on night work under sections 99 and 117 of the Factories Act have to be re-examined at more frequent intervals, as do young people employed on hazardous trades covered by special regulations.

27. Much of the criticism of the present system of medical examinations of young persons has been directed at the routine re-examinations of all young persons at annual intervals or on change of employment, and the Sub-committee shares these views. While a properly conducted periodic medical examination may be useful in certain circumstances, it is very doubtful, given the existence of the National Health Service, whether it is necessary for all young persons employed in factories to be subject to this. Although there is some point in examining young persons again when they take up another job, there is little justification for repeated re-examinations of persons who change their jobs relatively frequently. Even in those cases where health factors play a significant part in causing the change of job, it is more important to bring the young person under medical supervision at the stage when these factors become apparent rather than to refer him formally to the doctor when he has left his previous job and has already taken another post. The Sub-committee is of the view that the "A" doctor's time and energy should be directed to the relatively small number of persons with health problems rather than be taken up by the majority of the fit.

28. The Sub-committee therefore recommends that medical examinations of young persons who are in factory employment should also be placed on a selective basis. The criteria for selection must necessarily be different from those adopted for initial examinations, as there is no recent examination by the School Health Service on which to draw. Persons who are referred to the "A" doctor for an initial examination should, however, in general continue to be under his supervision until they reach the age of eighteen and, in addition, other young people may be referred to him either because of their occupation, or because, although when first taking up employment reference to the "A" doctor was unnecessary, they had subsequently been ill and had employment problems as a result.

29. Partly to ensure continuity of medical supervision, and partly for administrative convenience, it is proposed that the certificate issued by the School Health Service should continue in use after the young person has started work. The "A" doctor would record his advice on the back of the document. Normally, he would want to follow up young persons referred to him for an initial examination by at least one further examination. There seems, however, to be no good reason for insisting that this be after an interval of a year. There might be many cases where a further interview with the

doctor would be advisable after a matter of months, so that any health problems could be sorted out at an early stage in the young person's working life. On the other hand, there might be cases where the interval could be more than a year. It would also be necessary to give the "A" doctor power to grant indefinite certificates, which would be particularly important in two kinds of circumstances. Firstly, there would be quite a number of young persons referred to the "A" doctor simply because, for one reason or another, they had not obtained a certificate from the School Health Service. The reason why such persons were referred to the "A" doctor in the first place was administrative and, once they had seen him, the majority of them could be dealt with in the same way as those who had been declared fully fit by the School Health Service. Secondly, there would also be cases where, because of the nature of the job, little purpose could be served by continuing to examine the young person but the "A" doctor should be able to ensure that the young person be referred to him if he changed his employment.

30. The majority of Codes of Regulations which provide for the periodic medical examinations of workers engaged in specific hazardous processes, prohibit the employment of young persons under the age of eighteen. In so far as the employment of young persons is permitted, the Sub-committee recommends that young persons employed in occupations covered by these Regulations should continue to be subject to periodic medical examinations.

31. The Sub-committee also considered the question of medical examinations of boys employed at night. At present, the Night Work of Male Young Persons (Medical Examinations) Regulations 1938 provide that boys engaged on night work should be re-examined within three months of their initial medical examination on first taking up employment, and thereafter at six-monthly intervals. The employment of all young people in factories at night is generally prohibited, but a small number of boys are employed under provisions which allow boys of sixteen or over to be employed on a shift system involving employment at night on certain specified continuous processes. In addition, the Minister of Labour may make relaxations of the prohibition of night work in particular cases by means of special exemption Orders. In the first case, the employers have to inform the District Inspector of Factories in advance of their intention to employ boys at night, and in the second case, an employer has to apply formally for an exemption Order. Employment at night is therefore subject to a considerable degree of control, and it is estimated that only about 3,000 boys are so employed. The Sub-committee therefore recommends that such examinations should be discontinued, except in the case of persons who are initially referred to the "A" doctor by the School Health Service. In such cases, the "A" doctor would be able either to say that they should not be employed at night or that, if they are, they should be referred to him at intervals.

32. In addition to young workers who may be referred to the "A" doctor because of their medical record or occupation, there is the problem of identifying persons whose health deteriorates after starting work and should thus be referred to the "A" doctor. The Sub-committee considers that, even if it were possible to devise a scheme whereby "A" doctors were notified by the Ministry of Pensions and National Insurance or by employers of the names of all young persons with a stipulated total of absence through sickness, either in a single

spell or cumulatively in a series of spells, the "A" doctor would have a large number of cases referred unnecessarily to him. Many cases referred under such an arrangement would have little relevance to the "A" doctor's work in occupational medicine and others would already be under his surveillance.

33. The Sub-committee therefore proposes that the responsibility for identifying cases of this kind should primarily rest with the general practitioner. He can be expected to know of the young person's personal health record and to be aware, even if only in the most general terms, whether his health is likely to be affected by his employment. In cases where he thought there was likely to be any kind of occupational problem, he would be expected, with the consent of the young person concerned and his parents, to refer the case to the "A" doctor. The reasons for the referral should be discussed with the young person and his parents, who should also be informed of the outcome.

34. If liaison of this kind is to become effective in practice, then, in the initial stages of the introduction of the "A" doctor service, it will be necessary to make a substantial effort to ensure that the role of "A" doctors is known and appreciated by general practitioners. It is hoped however that adoption of the proposals in this report would in themselves help to secure a wider understanding of the problems of health at work and a recognition of the standing of "A" doctors as practitioners of industrial medicine.

35. The counterpart of this propaganda effort is that the "A" doctor will have to work in close co-operation with the general practitioners in his area, and if this is achieved there seems no reason why in certain circumstances he should not accept reference of cases from other sources, although most cases might originate from general practitioners.

36. Young persons themselves, or their parents, might want advice on occupational health problems. They would often go in the first instance to their general practitioner, who would put them in touch with the "A" doctor but there might be cases where they would mention their problems to the Y.E.O. The latter would also at times wish to discuss with the "A" doctor problems encountered in the course of his follow-up work. Co-operation between the "A" doctor and the Youth Employment Service is as important in the case of those who require medical advice and vocational guidance after they have taken up employment as it is at the time of entry to the first job. Not only should the Y.E.O. be able to refer cases to the "A" doctor but the latter should take the initiative in appropriate cases and advise young persons to seek the advice of the Y.E.O. The "A" doctor will also be working particularly closely with the general Factory Inspectorate and there seems no reason to rule out the possibility of the District Inspector of Factories referring a young person to the "A" doctor, as he can at present. Employers too, particularly if they are without medical advice of their own, should be able to refer young persons to the "A" doctor if they feel that a young person is occupying a post which is adversely affecting his health.

IV. Medical Examination of Adults

37. Workers employed on specific hazardous processes have historically been one of the two main categories of workers examined by A.F.Ds. This is not

provided for in the Factories Act itself but many Codes of Regulations applying to dangerous trades made in pursuance of the Act contain provisions relating to the periodic medical examination of workers. The exact requirements of the Regulations vary. Some now in force date from the first decade of this century, and some with the widest coverage were made in the period between the two world wars. Others are of recent origin and there seems no need in such cases to question the appropriateness of their provisions.

38. The Sub-committee has not examined the provisions regarding medical examinations in the older Regulations to see whether they are necessary in the light of current industrial conditions and medical knowledge. It understands that the Ministry of Labour proposes to review provisions of these Regulations in the course of the next few years and it is right that the need for, and frequency of, medical examinations should be considered against the background of other precautionary measures necessary in these hazardous processes.

39. Whatever changes are made as a result of this review there will continue to be a need for periodic medical examinations in certain processes. Indeed new Regulations may need to be made from time to time containing provisions of this kind, as it is considered that if a process is such that periodic medical examinations are held to be permanently necessary as a precautionary measure, then this requirement should be embodied in Regulations rather than reliance placed on the more general powers mentioned in the next paragraph. In future it is proposed that such medical examinations should be one of the duties of the "A" doctor.

40. Hitherto A.F.Ds. have only been concerned with adults covered by Regulations of this kind. As mentioned above, it had been difficult for A.F.Ds. to go beyond the duties specifically assigned to them. In this respect their position can be contrasted with that of a Medical Inspector who has power to conduct medical examinations necessary for the purposes of his duties under the Factories Act. This has always been important in the investigations of particular cases of occupational disease, but with the rapid introduction into factories of complex new materials and processes, it is often the case that medical investigation and/or supervision is necessary before formal Regulations can be made. The Sub-committee proposes that "A" doctors should be given power to conduct medical examinations comparable to that at present enjoyed by Medical Inspectors. This would give much needed flexibility to the system of medical supervision which the State requires. It would also mean that "A" doctors would be able to play a full part in the investigatory work of the Medical Branch of the Factory Inspectorate, including the carrying out of surveys.

41. The above proposals are essentially concerned with health problems arising from the nature of the employment. Young people have in the past been singled out for medical examination and to a lesser extent should continue to be so in the future, because they have some characteristic which makes them more vulnerable than the generality of the factory population. The Sub-committee considered whether any group of adults could be regarded as falling in the same category.

42. Groups of this kind are the chronic sick, the disabled and the ageing. To

some extent the groups overlap but large numbers of persons falling into each category are employed under the Factories Act. Each group contains a large number of individuals whose circumstances and problems vary greatly. Some have problems on which the "A" doctor's advice would be very helpful, but it seems unnecessary to devise any arrangement which would automatically bring these persons to his attention. The disabled person is sometimes being treated by his general practitioner. If he is not, he can always turn to the Disablement Resettlement Officer for advice if he wishes to change his job and the D.R.O. can, if necessary, seek medical advice. The chronic sick are under the supervision of their medical practitioner and the fact of sickness or of age does not of itself mean that the worker concerned has a problem on which an expert in industrial medicine will be able to offer useful advice.

43. Nevertheless it is the case that in the firm without an industrial medical officer there is no one who is especially concerned with the medical aspects of the employment problems of the person who is at work. The Disablement Resettlement Officer, as his title implies, is primarily concerned with placing. He is able when finding a disabled person a job to obtain medical guidance about the effects of disability on working potential and in a number of cases he follows up the disabled person whom he has placed to make sure the job is suitable and that no employment or health problems have arisen. Nevertheless, his oversight can in no sense be regarded as comprehensive or continuous. The general practitioner is concerned with the whole patient, but he may not be equipped to do more than give very general advice, e.g. a lighter job is needed. The Employment Exchange Service concerns itself with the placing of older workers, but not with their problems at work.

44. The Sub-committee therefore recommends that the "A" doctor, in addition to examining other persons under Regulations, should be able to advise on occupational health problems, but not treat, other persons employed in factories. It is not suggested that he should be authorised to give advice to any specific class of employees such as the disabled, the elderly, or the chronic sick, but his help could be particularly useful in the case of persons in these groups. It should be open to the general practitioner, the employer, or the worker himself, either directly or through his doctor, employer or trade union, to seek advice on occupational problems arising from a worker's health. For this purpose the "A" doctor would, where necessary, make use of his general power to conduct medical examinations.

V. Duties, Organisation and Powers of a Reformed Service

Duties and Organisation

45. Most of the proposed duties of the new-style A.F.Ds. ("A" doctors) have already been referred to in the earlier sections of this report, but they may be summarised as follows, although this list is not intended to be exhaustive:

- (a) The statutory examination of young persons referred to the "A" doctor by employers, both initially on the advice of the School Health Service or because they had not seen the School Medical Officer, and

subsequently because of the need for continued supervision; and the examination of any other young persons who may be referred by general practitioners, employers, parents, etc.

(b) Advising Youth Employment Officers about the medical aspects of the employment of young persons.

(c) Periodic medical examination of persons employed on specific hazardous processes subject to Regulations.

(d) Medical examination of particular workers referred to the "A" doctor by general practitioners, etc., and the carrying out of related enquiries.

(e) Familiarising themselves with medical hazards encountered in factories and advising on occupational medical questions in their district.

(f) Carrying out medical examinations, investigations and surveys.

(g) Liaison with general practitioners, hospital staff, works medical officers, Disablement Resettlement Officers and others interested in occupational health.

46. The Sub-committee has not considered in any detail the organisational changes in the present A.F.D. Service which will be necessary to ensure that the members of a reformed service will be able to carry out all the above duties. There are however a number of principles which the Sub-committee thinks should govern the organisation of the Service. These are outlined in the following paragraphs.

47. The present large numbers of Appointed Factory Doctors carrying out limited duties prescribed by statute should be replaced by a much smaller number of doctors with a wider range of duties, a more specialised knowledge and greater experience of occupational health problems. Whether appointments are full or part-time should depend very much on the circumstances in the area in question. The special knowledge of available doctors or geographical considerations indicate that part-time appointments would provide the most practical and effective service in many areas.

48. At present works medical officers can be appointed to undertake medical examinations of young persons and periodic examinations under Regulations in the factory in which they are employed, but they cannot carry out statutory investigations of gassing accidents or cases of notifiable diseases. This is because it could be regarded as incompatible with a works medical officer's function of advising his employer for him to investigate on behalf of the State an incident which had taken place on his employer's premises affecting one of the latter's employees.

49. If the proposals in this report are adopted routine medical examinations will become a much smaller part of an "A" doctor's task and the investigatory, advisory and liaison work will receive greater prominence. There might, therefore, be a danger of there being, or appearing to be, some incompatibility between holding an appointment with a private employer and a public service appointment involving a degree of supervision over the same employer. It would accordingly, in general, be inadvisable for a works doctor to be appointed as an "A" doctor, though in some circumstances such an appointment would be appropriate.

50. At the same time works medical officers and doctors in the public service will need to work in close co-operation. In occupational health both employers and the State have important contributions to make through complementary rather than competing services. In so far as specific duties are laid upon him by the State the "A" doctor's work will be unique but, apart from any treatment services which the employer may require as part of their personnel policy, the works medical officer will still have a part to play in preventive measures. "A" doctors with their responsibility for a district will never be able to take the place of a doctor in an individual factory, and there is no reason in principle why works medical officers should not be appointed to carry out particular types of medical examinations, subject to official supervision and direction.

51. The new Service should operate under the close direct control of the Medical Branch of H.M. Factory Inspectorate, and should be subject to the guidance and control of the Senior Medical Inspector in all aspects of its work. The Service should have access to the laboratory facilities and other services of the Inspectorate, and to facilities available to the Medical Inspectorate. It is important that members of the Service should be adequately trained in occupational medicine.

52. At present the cost of the Appointed Factory Doctors' services is mainly met by fees from employers, but the limited investigatory duties of the A.F.Ds. in relation to gassing accidents and cases of industrial disease are paid for by the Government. In principle there is no reason why regular examinations required by Regulations of persons engaged on dangerous processes should not continue to be a charge on industry as they can be regarded as one of a number of special precautions which an employer is obliged to take if he embarks on a hazardous process to which Regulations apply. The number and, therefore, the cost of medical examinations of young persons will be greatly reduced. Under our proposals these examinations will be variable in their incidence, particular to the individual young persons and not attributable to the general conditions of his employment, and it would therefore seem wrong in principle to seek to impose the charge on the particular employers concerned. Investigatory duties should continue to be a public charge and the scope of this aspect of the work and of advisory work of the type undertaken at present by the Medical Inspectorate will increase.

Powers

53. "A" doctors will need to have power to enter factories, both to carry out medical examinations which they will be specifically obliged to undertake and also, like the Medical Inspectors at present, to carry out other medical examinations. They will also need to be able to examine relevant records and to examine processes and operations on which the persons with whom they are concerned are engaged.

54. The Sub-committee has given particular attention to the provision at present contained in the majority of Codes of Regulations providing for periodic medical examinations of persons employed in hazardous processes which gives the appointed doctor power to suspend persons from employment. The person so suspended may not be employed in the process concerned without

the doctor's written approval. Suspension is at the discretion of the doctor, although the Ministry of Labour issues memoranda of guidance. The purpose of the medical examinations is to protect the health of the persons employed, and the object of suspension is to keep an employed person, usually temporarily, away from employment which endangers his health. Workers may be suspended not only because they have a disease arising from their employment, but also because they suffer from a health condition which puts them particularly at risk if they are employed on a certain process.

55. The Sub-committee considered whether this power was still needed in the kind of case in which it can now be invoked, whether it should be extended to cover the new types of medical examinations which it is proposed that the "A" doctor should undertake, and if so whether the way in which it is exercised should be changed.

56. The argument against suspension is that, in preventing a man from carrying out his chosen employment, the doctor is usurping a right which the individual should exercise, having received proper medical advice. A suspended worker may be faced with financial loss and it is up to him to weigh the advantages of changing his job, but, in many cases, not his employment, either temporarily or permanently, against the disadvantages of working in circumstances which may be expected to have an adverse effect on his health. On the other hand, the safeguards required by the Factories Act, primarily for the protection of the individual worker, but also for the protection of the working community, are not optional. Therefore, on balance, the Sub-committee considers the power to suspend workers should continue to be available in cases where, by virtue of their employment on a particular process, workers are required to undergo periodic medical examinations.

57. The operation of the present system is open to the criticism that the doctor's function is to give medical advice, not to take action in pursuance of that advice. In the ordinary doctor-patient relationship, his function would be to advise the person at risk. In this case, the advice relates to employment for which two parties have a responsibility, namely, the employer and the employed person. To advise the employee alone would hardly meet the needs of the situation. The Sub-committee therefore recommends that in cases covered by Regulations where the "A" doctor comes to the conclusion that the employment in a particular process of a worker whom he has examined is inadvisable, he should formally advise the employer and the worker in writing that work in that particular process would be likely to have further adverse effects on the worker's health. Power should be taken to oblige the employer not to employ workers in respect of whom such a declaration had been made on the process to which the declaration applied until the "A" doctor had given a further certificate declaring them to be fit.

58. In considering whether this power should be extended to cover workers not covered by Regulations who might be referred to the "A" doctor, it should be borne in mind that all workers employed on a process covered by a set of Regulations are subject to exactly the same requirements. Both the employer embarking on the process and the worker taking up a job know, or should know, that the possibility of suspension on health grounds exists. This is not so with workers not covered by Regulations and therefore the normal

relationship between doctor and patient should apply in such cases. New hazards under investigation not yet covered by Regulations might reveal instances where the case for suspension was just as strong as in the processes covered by Regulations. The Sub-committee considers, however, that "A" doctors should not be given power to tender formal advice leading to suspension in such cases. If it is considered desirable to make use of such a power in further hazardous processes, it should be incorporated in Regulations.

59. A comparable power exists in the case of young persons, as A.F.Ds. may reject young persons in respect of particular employments. A.F.Ds. also issue conditional certificates, the terms of which employers are obliged to observe. Young persons are more comparable to adults covered by Regulations than to adults in general, as all young persons employed in factories will be seen either by the School Health Service or the "A" doctor. The State has long accepted the need for protective legislation in the case of young persons in circumstances where it considers it is not needed for adults. As mentioned above, the proportion of young persons rejected is very small, although the number of conditional certificates is somewhat higher. The Sub-committee considers that such certificates should continue to be mandatory, although this underlines the importance of a close liaison between the "A" doctor and the Youth Employment Service, so that young persons found unsuitable for a particular job are given all possible help and advice in the task of securing another.

VI. Extension of Proposed Arrangements to Premises other than those covered by the Factories Act

60. The Sub-committee considered whether and to what extent it would be desirable for the arrangements it proposes for factories to cover other employments. Similar arrangements to those in operation in factories for the medical examination of young persons exist under the Mines and Quarries Act, but not in non-industrial employment covered by the Offices, Shops and Railway Premises Act and the Agriculture (Safety, Health and Welfare Provisions) Act.

61. In the past this has been justified on several grounds. The existing Factories Act arrangements were largely evolved in the nineteenth century and are themselves in need of revision to meet the changed situation, particularly that brought about by the creation of the National and School Health Services. Consequently the question of extending these out of date arrangements to other premises has not arisen. Indeed at the time of the introduction of the Offices, Shops and Railway Premises Bill, very few representations to this end were received by the Ministry of Labour, and no such amendments were tabled in Parliament. Moreover although cases could be found of particular shops or offices, which were more hazardous to employees' health than particular factories, there was much justification for regarding factory employment in general as more hazardous, and for saying that there were no occupations which presented such a hazard to health that periodic medical examinations were needed.

62. The picture will be greatly altered if changes in the system in factories are made on the lines put forward earlier in this report. It might be argued that, as the School Health Service sees all children wherever they are to be employed, all who are not regarded as fit for every employment should be followed up by the "A" doctor when they take up employment. On the other hand the changes proposed for factories would not basically alter the situation. On the whole employment in shops and offices does not carry the same likelihood of hazards to health as does employment in factories. It seems reasonable to expect this to continue to be the case, particularly as over the years the standards of the worst non-industrial premises can be expected to improve as a result of the application of the Offices, Shops and Railway Premises Act. This only came into force in 1964. More experience of its operation may show that there are particular types of employment or occupations covered by the Act where medical examinations would be a useful adjunct to other provisions of the Act or of future Regulations designed to safeguard the health of employees.

63. Although, by virtue of section 20 of the Offices, Shops and Railway Premises Act the Minister of Labour has wide general powers to make special Regulations protecting persons against risks of bodily injury or injury to health arising out of the use of any machinery, plant, equipment, appliance, or substance, the carrying on of any operation, or the use of any process, the Act, unlike the Factories Act, does not contain any provision for the appointment of doctors or for the carrying out of medical examinations by medically qualified inspectors.

64. The Sub-committee therefore recommends that when the A.F.D. Service is revised power should be taken to extend the provisions relating to the medical examination of young people to any occupations covered by the Offices, Shops and Railway Premises Act which may subsequently be determined by Regulations. Similarly "A" doctors should have power to conduct periodic medical examinations of adults where these are provided for by Regulations made under the Offices, Shops and Railway Premises Act because there is a particular need for medical supervision in a certain process or occupation covered by the Act.

65. In factories it is proposed that the "A" doctor's services would be available to those who wished, for the various reasons detailed above, to consult him on a voluntary basis. Although many health hazards occur in factories which are not paralleled in non-industrial employment, there is no reason to think that persons with occupational health problems are confined to factories. The Sub-committee therefore recommends that the "A" doctor's advisory services about occupational health problems should be available to all employed persons whether in occupations covered by protective legislation or not, unless alternative provision is already made under such legislation.

66. Under the Mines and Quarries Act, the Mines (Medical Examinations) Regulations provide for medical examination by a medical practitioner approved by the Minister of Power within 30 days of first employment in any kind of mine and at intervals thereafter until the age of 18, or more if the doctor so specifies. It is understood that the Ministry of Power already has under

review the provision applying to quarries which require all persons under 16 to be medically examined by an A.F.D. before taking up employment. The Agriculture (Safety, Health and Welfare Provisions) Act of 1956 is similar to the Offices, Shops and Railway Premises Act in that it gives the Minister concerned general powers to make regulations, but contains no provision for the appointment of doctors or the carrying out of medical examinations. The Sub-committee understands that the Departments concerned are aware of the proposals for making changes affecting the vast majority of employees covered by safety, health and welfare legislation and that they are looking at the possible implications of such changes for their respective spheres of interest.

VII. Summary of Recommendations

67. The Sub-committee recommends a number of changes both in the duties of A.F.Ds. and the organisation of the A.F.D. Service which would:

- (a) eliminate unnecessary medical examinations, particularly of young persons;
- (b) establish a more integrated and expert medical service with wider duties in the field of occupational health than have A.F.Ds. at present.

68. The changes which the Sub-committee recommends are summarised in paragraphs 69-89; many of them would require legislation.

Young Persons

69. To avoid needless duplication of medical examinations, the Sub-committee recommends that the evidence of the school medical examination should in most cases be accepted as certifying the child as fit for employment under the Factories Act. If the School Health Service finds that there is a possibility of the child being unsuitable for some jobs on health grounds, then the child should be referred to the "A" doctor (paragraph 17).

70. Various ways of operating this scheme were considered. The most effective practicable arrangement would be for the health certificate to be given to the child after the final examination by the School Medical Officer. Copies of the certificate should be sent to the Youth Employment Officer and the child's general practitioner. On taking up employment, his employer would record particulars in the factory register and would be responsible for passing the certificate to the "A" doctor where necessary (paragraphs 18 and 20).

71. A certificate which indicates what kind of employments are unsuitable would be preferable to one which simply said that the young person had to be referred to the "A" doctor (paragraph 24).

72. The Sub-committee recommends that medical examinations of young persons after they have started factory employment should also be placed on a selective basis (paragraph 28).

73. The certificate issued by the School Health Service should continue in use after the young person has started work. The "A" doctor would normally follow up all young persons referred to him for an initial examination by at

least one further examination. The doctor should have power to determine the intervals of examinations, and also to grant indefinite certificates (paragraph 29).

74. Young persons employed in occupations covered by Codes of Regulations which provide for periodic medical examinations should continue to be medically examined at the intervals laid down in those Codes (paragraph 30).

75. The medical examination of boys employed at night should be discontinued, except in the case of boys who are initially referred to the "A" doctor by the School Health Service (paragraph 31).

76. Young persons in employment whose health deteriorates may be referred to the "A" doctor. The responsibility for this would rest primarily with the general practitioner, but others concerned, such as the Youth Employment Officer, the District Inspector of Factories, employers or parents, should be able to refer young persons to the "A" doctor (paragraphs 33 and 36).

77. The "A" doctor will need to work closely with others who have responsibilities for young persons. It will be particularly important to ensure that the role of "A" doctors is known and appreciated by general practitioners (paragraph 34).

78. The Sub-committee looked closely at the question of liaison between the "A" doctor and the Youth Employment Service. Particular attention should be paid to encouraging young persons with health handicaps to use the Youth Employment Service. Such young persons should, if possible, be personally invited to attend the Youth Employment Office (paragraph 20). Co-operation between "A" doctors and Y.E.Os. is equally important in the case of persons who have already started work (paragraph 36).

Medical Examination of Adults

79. Medical examinations in hazardous processes which are required under Codes of Regulations should continue, subject to their being reviewed in the course of the next few years in the context of their continued relevance to the needs of the particular process concerned. Such medical examinations should normally be carried out by "A" doctors (paragraphs 38 and 39).

80. "A" doctors should be given power to conduct medical examinations comparable to that enjoyed at present by Medical Inspectors. This would enable "A" doctors to advise any persons employed in factories on occupational health problems, and would be particularly important in respect of the disabled, the chronic sick and older workers. General practitioners, employers, Factory Inspectors, or the person himself, either directly or through his doctor, employer or trade union, should be able to refer persons to the "A" doctor (paragraphs 40 and 44).

Duties, Organisation and Powers

81. The present large number of A.F.Ds. carrying out a limited range of statutory duties should be replaced by a much smaller number of full or part-time doctors with a wider and more flexible range of duties and a more specialised knowledge and a greater experience of occupational health problems (paragraph 47).

82. Because of the possibility of incompatibility of functions, it would, in general, be inadvisable for a works medical officer to be appointed as an "A" doctor, though in some cases such an appointment would be appropriate and works medical officers might also be appointed to carry out particular types of medical examinations (paragraphs 48-50).

83. The new Service should operate under the close direct control of the Medical Branch of the Factory Inspectorate and have access to facilities available to the Medical Branch. Members of the Service will need to be adequately trained in occupational medicine (paragraph 51).

84. Employers should continue to pay for examinations of their own employees under Regulations, but not for examinations of young persons which will be on a selective basis (paragraph 52).

85. "A" doctors will need power to enter factories to carry out medical examinations, to examine relevant records, processes and operations (paragraph 53).

86. The power to suspend workers from employment on health grounds should continue in hazardous processes covered by Regulations, but not extended to cover other workers who might be examined by the "A" doctor. Any extension of this power to other hazardous occupations should be the subject of further Regulations (paragraphs 56 and 58).

87. The Sub-committee recommends a change in procedure. The "A" doctor would formally advise the employer and the worker in writing that work in that particular process would be likely to have further adverse effects on the worker's health. The employer should then be obliged to cease to employ such workers on the process in respect of which the declaration applied until the "A" doctor had given a further certificate declaring them to be fit (paragraph 57).

88. In the case of young persons, the "A" doctor would be able to reject them from particular employments and also to issue conditional certificates. Both should continue to be mandatory (paragraph 59).

Extension to Premises other than those covered by the Factories Act

89. The Sub-committee recommends that when the A.F.D. Service is revised, power should be taken to extend the provisions relating to the medical examination of young persons to any occupations covered by the Offices, Shops and Railway Premises Act which may subsequently be determined by Regulations. Similarly, "A" doctors should have power to conduct periodic medical examinations of adults where these are provided for by Regulations made under the Offices, Shops and Railway Premises Act and their advisory services should be available to all persons employed in premises covered by that Act (paragraphs 64 and 65).

90. The Government Departments concerned with safety, health and welfare in mines and quarries and agriculture are considering the implications of the changes proposed in this report for the industries for which they are responsible and the Sub-committee recommends that "A" doctors' services should also

be available on a voluntary basis to persons employed in occupations not covered by safety, health and welfare legislation (paragraphs 65 and 66).

91. The Sub-committee wish to record their appreciation of the valuable help they have had from the Secretary, Mr. D. J. Hodgkins, in preparing papers and drafting the report.

Appendix A

Examinations carried out by Appointed Factory Doctors in 1964

Young Persons		Total Number of Examinations	Number of Conditional Certificates Issued	Number of Provisional Certificates Issued	Number of Conditional and Provisional Certificates as % of Total Examinations	Number of Rejections	Number of Rejections as % of Total Examinations
First Examination after leaving school for employment under the Factories Act		285,073	12,160	2,269	5.06%	1,089	0.38%
Subsequent Examinations, including annual and those due to change of employment and those following condi- tional or provisional certificates		229,295	9,106	1,468	4.61%	363	0.16%
Boys over 16 years of age for employment at night		7,717	—	—	—	13	0.17%
Examinations under Codes of Regulations		353,761	865	554	827		

Appendix B

Possible Form of Certificate for Young Persons

NOTE TO YOUNG PERSON

1. You should show this document to your parents or guardian and keep it until you are asked for it by your employer.
2. You are strongly recommended to consult the Youth Employment Officer, who will be glad to help you find suitable work if you show this document to him.
3. If you take up employment in premises subject to the Factories Act and if there are ticks in any of the boxes in 4 below, your employer will inform the "A" doctor. This is required by law, no matter what your actual job is, to make certain that it is suitable for you.

Surname..... Other names.....

Address.....

Date of birth.....

Name and address of school.....

CERTIFICATE OF SCHOOL HEALTH SERVICE

4. In my opinion, you must be referred to the "A" doctor, because work of the following nature (indicated by ticks in boxes) may be unsuitable for you:

[The S.M.O. should delete either section 4 or section 5].	(a) heavy manual work or heavy lifting	<input type="checkbox"/>
	(b) work involving exposure to dust or fumes	<input type="checkbox"/>
	(c) work near vehicles in action or work at heights	<input type="checkbox"/>
	(d) work requiring fine or accurate vision	<input type="checkbox"/>
	(e) work with a high dermatitis hazard	<input type="checkbox"/>
	(f) work requiring normal hearing	<input type="checkbox"/>

5. In my opinion, section 4 does not apply.

6. At work you are advised to wear:

(a) spectacles	<input type="checkbox"/>
(b) hearing aid	<input type="checkbox"/>

7. Other remarks

(Cont'd)

Signature of the School Medical Officer

Address

Date of examination

NOTE TO EMPLOYER

8. On taking up employment under the Factories Act, young persons are required to be medically examined by the "A" doctor unless the School Medical Officer indicates that this is not necessary by deleting section 4 above.

CERTIFICATE OF "A" DOCTOR
(N.B.: Required if item 4 has been completed)

9. Name and address of employer

Occupation of young person

Advice by "A" doctor

Signature of "A" doctor

Date of examination

A further examination will be required.

CERTIFICATE OF "A" DOCTOR

10. Name and address of employer

Occupation of young person

Advice by "A" doctor

Signature of "A" doctor

Date of examination

A further examination will be required.

CERTIFICATE OF "A" DOCTOR

11. Name and address of employer

Occupation of young person

Advice by "A" doctor

Signature of "A" doctor

Date of Examination

A further examination will be required.

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The Appointed Factory Doctor Service

REPORT by a Sub-Committee
of the Industrial Health Advisory
Committee

LONDON: HER MAJESTY'S STATIONERY OFFICE
1966

Preface

The Industrial Health Advisory Committee is a Committee appointed by the Minister of Labour to advise him on measures to further the development of industrial health services in places covered by the Factories Act. It contains representatives of the Confederation of British Industry, the Trades Union Congress, the Nationalised Industries, the British Medical Association and other organisations interested in industrial health. Representatives of the Ministry of Labour and other Government departments attend meetings.

In November 1964 the Committee set up a Sub-committee to review the Appointed Factory Doctor Service. The report of the Sub-committee, which has been considered and approved by the Advisory Committee, suggests major changes in the duties of Appointed Factory Doctors and an extensive re-organisation of the Appointed Factory Doctor Service. Many of these recommendations would require legislation.

The Advisory Committee recommended that the report of the Sub-committee should be published. The Minister of Labour has accepted this recommendation and the report is published herewith.